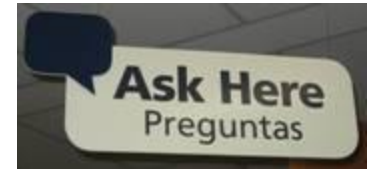




Public Health, Safety Net, and Special Populations



Recommendations

- #4 Develop state and local strategic plans to achieve improved health outcomes.
- #5 Encourage active participation of safety net providers in health reform and new insurance options.
- #6 Improve coordination of behavioral health and somatic services.
- #7 Incorporate strategies to promote access to high quality care for special populations.



STATE HEALTH IMPROVEMENT PROCESS



STATE OF MARYLAND

DHMH PRESS RELEASE

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Office of Communications

Karen Black
410-767-6490/91

FOR IMMEDIATE RELEASE:

Maryland Launches Broad Health Planning Effort Goal Is Progress in 39 Key Measures

Montgomery County, MD (September 8, 2011) – Officials from the Maryland Department of Health and Mental Hygiene (DHMH) today joined with local health officers, hospital executives, elected officials, and health advocates to announce the launch of the State Health Improvement Process, known as the SHIP.

The SHIP's goal is progress in health through accountability, local action, and public engagement. Unlike a static report, the SHIP exists on a continually updated website: <http://dhmh.maryland.gov/ship/>.

"While we have the world's most advanced medical system in Maryland and we are a national leader in implementing health care reform, our health depends upon our environments, our behaviors, and our actions as a community," said Lt. Governor Anthony Brown. "SHIP was built through public engagement and will continue to draw strength and ideas from across the state to improve the health of all Marylanders."

Accountability. The SHIP includes 39 measures of health in six key areas, with data available by county across the state. The SHIP identifies 24 of these measures as reflecting critical health disparities. These measures were determined through a public comment period that included input from more than 250 individuals and organizations in Maryland.

Local Action. The SHIP will support local planning coalitions in counties and regions around the state to identify priorities, make plans, and take action. The Maryland Hospital Association and its members have committed to providing start-up funding for these coalitions across the state. SHIP offers local planners a model for population health planning, local data sets, and, through its interactive website, access to a series of specific tools such as materials promoting the Maryland Tobacco "Quitline" 1-800-QUIT NOW and free legal consultations for localities through the Public Health Law Network.

Public Engagement. The SHIP, developed with comments from more than 250 professionals, organizations, and the public at large, will continue to draw on ideas from across Maryland. On-going public engagement will be sustained through the interactive website, with health suggestions and local coalition contact information for consumers as well as technical assistance for professionals and local planners.



Technical Assistance for Safety Net Providers

Council tapped Community Health Resources Commission to:

- ❖ Conduct needs assessment and develop a “business plan” for how the State and CHRC can assist community health and safety net providers in preparing for health care reform implementation, and in sustaining and enhancing their service delivery in a post-reform environment (SB 514/HB 450). Report due 1/1/2012.
- ❖ Assist in the creation of Local Health Implementation Plans as DHMH develops the State Health Improvement Process.



CHRC'S FY 2012 REQUEST FOR PROPOSALS

Areas Targeted

- ❖ Reducing infant mortality rates;
- ❖ Expanding pediatric dental care access;
- ❖ Integrating behavioral health in the community;
- ❖ Increasing primary care capacity;
- ❖ Investing in health information technology.

Special Consideration Given To Programs That:

- ❖ Help the State implement health care reform and prepare safety net providers to take full advantage of opportunities available; and
- ❖ Help address minority health disparities in keeping with work of Health Quality & Cost Council.



FY 2012 RFP

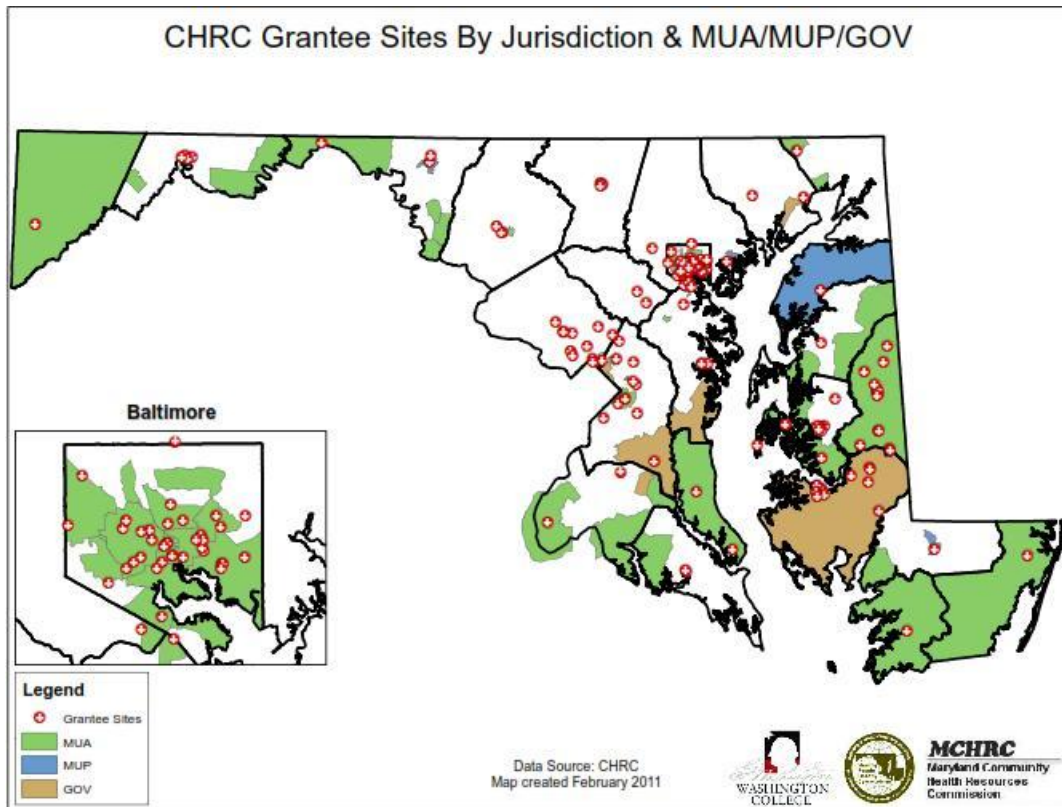
- ❖ RFP released 8/18/11;
- ❖ Received 103 Letters of Intent;
- ❖ Funding request total of \$33.9 million;
- ❖ Full grant proposals due 9/27/11;
- ❖ Grant awards made early/mid-November.

Overview of CHRC LOIs received, by area, FY 2012 RFP

Subject Area		# of LOIs received	Amount of Funds Requested
1	Infant mortality	12	\$4,334,958
2	Pediatric Dental	17	\$3,754,854
3	Behavioral Health	34	\$13,207,219
4	New Access	21	\$8,290,575
5	Health Information Technology	19	\$4,338,639
Total		103	\$33,926,245



CHRC MISSION: ADDRESSING GREATEST UNMET NEEDS



- ❖ Awarded 78 grants between FY '07–FY '11;
- ❖ Grant awards total of \$21.6 million;
- ❖ Grantees leveraging additional \$8.9 million in federal and private/non-profit resources;
- ❖ Served more than 94,000 patients; 290,000 patient visits;
- ❖ Grants awarded in every Maryland county.

Workforce Development

Recommendations

- #8 Institute comprehensive workforce development planning.
- #9 Promote and support education and training to expand Maryland's health care workforce pipeline.
- #10 Explore improvements in professional licensing and administrative policies and processes.
- #11 Explore changes in Maryland's health care workforce liability policies.



MARYLAND



Governor's Workforce Investment Board

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HUMAN RESOURCES SERVICES ADMINISTRATION
WORKFORCE PLANNING GRANT & SUMMIT

Preparing for Health Reform: Health Care 2020

~ DRAFT ~



GOAL 1: COMPREHENSIVE PRIMARY CARE WORKFORCE PLANNING AND ANALYSIS

Objective 1a: By January 2012, designate a new or existing agency or organization with responsibility for primary care workforce data collection, analysis, and reporting.

Objective 1b: By July 2012, develop and implement a statewide program for data collection, analysis, and reporting to inform comprehensive and coordinated primary care workforce planning and development.

Objective 1c: By January 2013, issue an initial annual report on primary care workforce planning and development.

Objective 1d: By January 2013, establish a comprehensive primary care workforce website that includes data, maps, training education tools, recruitment and retention incentives, and job opportunities.



GOAL 2: STRENGTHEN PRIMARY CARE WORKFORCE CAPACITY

Objective 2a: By January 2014,. develop and implement a program that promotes and sustains opportunities for nontraditional paths to primary care workforce development.

Objective 2b: By July 2014, devise mechanisms to expand and support Maryland's health care workforce pipeline.



GOAL 3: PRIMARY CARE WORKFORCE DISTRIBUTION AND REDUCTION IN SERVICE SHORTAGE AREAS

Objective 3a: By January 2012, develop and initiate a comprehensive plan to halve the number of state-designated health professions shortage areas in Maryland by 2014.

Objective 3b: By July 2012, explore feasible mechanisms to ensure full use of innovative state and federal opportunities for primary care workforce development.

Objective 3c: By January 2013, launch an initiative to reduce and/or eliminate practice barriers.



GOAL 4: PRACTIONER COMPENSATION FOR HIGH-QUALITY CARE

Objective 4a: By January 2013, explore ways to expand the state's patient-centered medical home programs throughout Maryland.

Objective 4b: By January 2013, develop and implement a multi-faceted plan to improve primary care compensation and reimbursement under Medicaid beyond 2014.



COMMUNICATIONS/OUTREACH

Recommendation

#3 Develop centralized education and outreach strategy.

Communications and Outreach Committee

Membership: Up to 30 members with representation from state and local agencies involved in health care reform; General Assembly; providers; payers; employers; unions, community outreach and advocacy groups; academia; and consumers.

Chair: Carolyn Quattrocki

Purpose and Function: To act in an advisory capacity to the Governor's Office of Health Care Reform in the development and implementation of a strategic plan for health care reform communications and outreach, which shall include:



COMMUNICATIONS/OUTREACH

- Inventory of existing government and private sector communications resources and activities;
- Evaluation and sharing of most effective campaigns and best practices;
- Establishment of partnerships with business entities, faith- and school-based organizations, community groups and others to leverage resources of government and private sectors to amplify reach and maximize efficacy;
- Development of consistent and culturally competent messages, template materials, and a speaker's bureau to reach multiple audiences through a variety of communications channels;
- Pursuit of funding for communications and outreach efforts;
- Measurement of effectiveness of communications and outreach strategies.

Meetings: Will be scheduled to coordinate with work plan.

Timeline: Development of strategic plan by January, 2012.



FUTURE MEETINGS

HEALTH CARE REFORM COORDINATING COUNCIL

October 27, 2011
January 5, 2012

HEALTH BENEFIT EXCHANGE BOARD

September 20, 2011
October 18, 2011
November 15, 2011
December 20, 2011

